



## External Services Scrutiny Committee Review Scoping Report 2014/15

### ***Mental health and its impact on the Borough's Metropolitan Police Service***

#### **1. REVIEW OBJECTIVES**

##### **Aim and background to review**

To review, understand and highlight the impact that mental health has on the role of the Metropolitan Police Service. This review will explore what help is already available to the police in dealing with those that suffer with mental health issues with the aim of improving outcomes for all.

##### **Terms of Reference**

1. To review the guidance and support that is currently available to the Metropolitan Police Service and those with mental health issues that have contact with the police.
2. To review the evidence and data locally from the police and others partners to build up a good understanding of the level of activity involving people with mental health.
3. To seek out the views on this subject from residents and partner organisations using a variety of existing and contemporary consultation mechanisms.

4. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits.
5. To improve awareness and understanding of the impact that mental health has on the Metropolitan Police in the Borough when dealing with an individual with a mental health issue and to explore ideas for improving the relationship between the police and mental health services.
6. After due consideration of the above, to bring forward practical recommendations to the Cabinet in relation to strengthening the role of the police in the Borough when dealing with those who suffer with mental ill health.

## **2. INFORMATION AND ANALYSIS**

### **Key Information**

This review will look at the impact that dealing with individuals that have mental health issues has on the Metropolitan Police Service in the Borough and will look at ways to improve outcomes for both parties.

Many people with mental health problems will come into contact with the police, either as victims of crime, witnesses, offenders or when detained under the Mental Health Act 1983. Both section 135 and 136 of the Act give the police power to temporarily remove people who appear to be suffering from mental ill health and need urgent care to a 'place of safety'.

These powers are summarised below:

*Section 135 - A Magistrate's order can be applied for by an Approved Mental Health Professional (AMHP) in the best interest of an individual who is thought to be suffering with mental ill health but is refusing to allow mental health professionals into their residence for the purposes of a Mental Health Act assessment.*

*Section 136 - Is similar to Section 135 but allows the police to take an individual whom they consider to have mental ill health to a place of safety but does not require a Magistrate's order. This order only applies if the individual is found in a public place.*

*A 'place of safety' is a place where a person can be held without harm until they are assessed by an approved doctor and an approved social worker (ASW) so that appropriate arrangements are made for their care. A 'place of safety' is defined as being residential accommodation provided by a local social services authority, a hospital, an independent hospital or care home for people suffering with mental ill health, a police station, or any other suitable place where the occupier is willing to temporarily receive the patient.*

There has been ongoing national debate over whether a police station is an appropriate place to detain people suffering a mental health crisis, especially young people, and whether the maximum length of detention under Sections 135 and 136 (72 hours) is too long. Using a police station as a place of safety can have the effect of criminalising people for what is essentially a health need. Also, the environment may exacerbate their mental state and, in the most tragic cases, could lead to deaths in custody.

The impact of crime on people with mental health problems is greater and they are likely to have significant support needs if they have been a victim of crime.

A report titled 'At risk yet dismissed' highlights a study conducted by a partnership of Victim Support, the Institute of Psychiatry at King's College London, Mind and St George's University of London and Kingston University, in collaboration with University College London.

The findings of the survey showed that people with mental health problems experienced high rates of crime, and were considerably more likely to be victims of crime than the general population. Additionally the impact of crime is also greater on those with mental ill health and significant support is needed for those who have been a victim of crime.

- Forty-five percent of people with severe mental illness (SMI) were victims of crime in the past year.
- One in five people had experienced a violent assault; a third were victims of personal crime and a quarter were victims of a household crime.
- People with SMI were five times more likely to be a victim of assault, and three times more likely to be a victim of household crime, than people in the general population, after taking into account sociodemographic differences. Women were 10 times more likely to be assaulted.
- They reported very high rates of sexual and domestic violence, with 40% of women reporting being a victim of rape or attempted rape in adulthood, and 10% being a victim of sexual assault in the past year.
- Victims with SMI were up to four times more likely to be victimised by their relatives or acquaintances than those from the general population.
- Nine percent of the victims described crimes in psychiatric inpatient settings.

### **Connected activity**

A range of work is underway both locally and nationally which includes the following:

#### Emergency Duty Team (EDT)

The Council currently has a dedicated Emergency Duty Team (EDT) who provide help during emergencies to children and their families, people with mental health problems and disabilities and older people and vulnerable adults. The EDT is open

when local daytime offices have closed, including night times, weekends and public holidays.

The EDT work across two departments, Children's Services and Adult Services, as well as other emergency services (including the police and health services). Their work focuses on the following:

- Children in need of protection
- People with mental health problems who may be at risk to themselves or others
- Older people who are vulnerable and unable to cope alone in the community
- People with a disability who need urgent access to services
- Working with the police to help vulnerable adults and young people who offend
- Families in emergencies<sup>1</sup>

It is important to note that the EDT provision is for one social worker to be on duty, **not a team** as the department title suggests. If the social worker is busy dealing with another case, there may be a delay in them responding. Calls to the EDT are answered by Careline staff in Hillingdon who take details and pass on the caller on to the EDT social worker. Careline will also inform the caller if there is an expected delay.

When appropriate Careline staff will signpost callers to other appropriate agencies or refer callers situation to the Police, Ambulance Service or one of the day service social care teams for follow-up at a later date.

People in high risk situations will always receive a priority service.

#### Central Government - Home Office

The Home Office has recently reviewed the operation of Sections 135 and 136 of the Mental Health Act 1983 in England and Wales to ensure that the legislative framework offered the right support for people at the right time. The review examined evidence to determine whether or not changes to the primary legislation would improve outcomes for people experiencing a mental health crisis. The results would inform the review alongside other activity such as focus groups with people who have experienced detention under these parts of the Mental Health Act 1983, and their families, friends and carers, and practitioner workshops with the police, approved mental health professionals, health professionals and others. The results of this review are yet to be published.

Additionally, the Government announced in January 2014 that it has provided an extra £25 million of funding for mental health nurses and other mental health professionals to work with police stations and courts. It is anticipated that this will

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<sup>1</sup> An emergency is defined as something that cannot safely wait until the next working day, ultimately it is an assessment of immediate risk.

help people with mental health and substance misuse problems to get the right treatment as quickly as possible and will help to reduce re-offending.

The majority of people who end up in prison have a mental health problem, a substance misuse problem or a learning disability and one in four has a severe mental health illness, such as depression or psychosis. The Government's £25 million will be invested over the next year in joining up police and courts with mental health and other services so that people with mental health illnesses, learning disabilities and substance misuse problems receive the treatment they need at the earliest possible stage. The ten areas identified to receive the funding are: Merseyside; Avon and Wiltshire; Leicester; Sussex; Dorset; Sunderland and Middlesbrough; Coventry; South Essex; Wakefield; and 10 Boroughs in London (which include: Barnet; Barking and Dagenham; Enfield; Haringey; Islington; Tower Hamlets; Hackney; Newham; Redbridge; and Havering).

The services provided as part of this pilot project will be evaluated and, if successful, extended to the rest of the country by 2017. This would mean that people with mental health illnesses, substance misuse problems and learning disabilities who were suspected of committing an offence and come into contact with the police would have an assessment of their health needs (including mental health), which would be shared with police and the courts. This information could then help ensure any decisions made in relation to charging and sentencing take an individual's health needs into consideration. It would also mean that treatment is given sooner which would help stop re-offending.

Former Policing Minister Damian Green said: 'Police officers should be focused on fighting crimes and people with mental health conditions should get the care they need as early as possible. These pilots will not only ensure that happens but in the longer term will help drive down reoffending by individuals who, with the right kind of treatment, can recover fully.'

Another new one-year pilot scheme which will run until April 2015 is currently being trialled by Met officers in Lambeth, Lewisham, Croydon and Southwark. Police in these boroughs currently have access to specialist staff 24 hours, seven-days-a-week, to support people with mental health problems. In Lambeth and Southwark, mental health professionals are also available to accompany police on visits. This scheme prompted the introduction of mental health nurses being based in some police stations and courts.

Police in these four boroughs will have access to a 24-hour helpline manned by mental health professionals, who can give advice to officers attending call-outs and also advise if the person being dealt with is already known to the profession. This scheme has been developed to support police officers to make the right decisions about how to manage these situations, whether that means taking somebody to a

place of safety or assisting them in the community with the help of a mental health professional.

### Mental Health Needs Assessment

The Council's Customer Engagement Team has recently been asked by the Public Health Team to carry out some engagement with stakeholders over the next few months to assist with the development of a mental health needs assessment.

## 3. WITNESS EVIDENCE & ENQUIRY

### **Possible witnesses**

- Ed Shaylor, Service Manager Community Safety, Residents Services
- John Higgins, Service Manager for Mental Health, Adult Social Care Services
- Public Health Team
- Individuals who have experienced being detained in a police station under either Section 135 or 136 of the Mental Health Act 1983
- Families, friends or carers of people who have been detained in a police station under either Section 135 or 136 of the Mental Health Act 1983
- Victims who suffer with mental health issues
- Police Officers
- Designated Detention Officer (Officers who work in the custody suite)
- Hillingdon Mind
- Victim Support
- Careline
- Hillingdon Council Social Workers
- Hillingdon Association of Voluntary Services (HAVS)
- Hillingdon Drug and Alcohol Service (HDAS)
- Criminal Prosecution Service (CPS)
- Central and North West London NHS Foundation Trust (CNWL)
- Staff from Riverside Centre (CNWL)
- London Ambulance Service
- Rethink

### **Lines of enquiry**

- How do Council approved Social Workers make assessment of those detained in police custody?
- Is the provision of one social worker sufficient to cover the Borough out of hours?
- What was the total number of mentally ill patients detained for committing a crime in the Borough?
- What was the total number of mentally ill patients detained who did not commit a crime in the Borough?

- What specialist support is currently available (if any) to victims of crime and witnesses who have mental health issues?
- How long does it take on average for a mental health assessment to take place in the Borough, compared to other areas?
- Are there any barriers to successful partnership working?
- How many mentally ill patients were detained in a police cell in the Borough compared to another 'place of safety' in the last year?
- Whose responsibility is it to organise an assessment? Can any improvements be made to this process?
- What happens if an offender in custody has been 'sectioned' but it is a serious offence?
- What training is already available to MPS staff who come into contact with mentally ill patients?
- Do the police get asked to move a psychiatric patient from one MH unit to another?
- What happens if the police arrest someone from another area? Who would conduct the assessment?

#### **4. REVIEW PLANNING & ASSESSMENT**

Meeting	Action	Purpose / Outcome
ESSC: 18 September 2014	Agree Scoping Report	Information and analysis
Working Group: 1 <sup>st</sup> Meeting - Date, Time and Room TBA	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2 <sup>nd</sup> Meeting - Date, Time and Room TBA	Witness Session 2	Evidence and enquiry
Working Group: 3 <sup>rd</sup> Meeting - Date, Time and Room TBA	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 17 March 2015	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 23 April 2015	Consider Final Report	Agree recommendations and final report

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#### PART I – MEMBERS, PUBLIC AND PRESS

Additional stakeholder events, one-to-one meetings and site visits can also be set up to glean further information.

### **Resource requirements**

This review will be undertaken within current resources. The witness sessions detailed above will be coordinated and delivered by Democratic Services and the only additional staffing resources required would be officers' attendance at the witness sessions to provide evidence.

### **Equalities impact**

The Council has a public duty to eliminate discrimination, advance equality of opportunity and foster good relations across protected characteristics according to the Equality Act 2010. Our aim is to improve and enrich the quality of life of those living and working within this diverse Borough. Where it is relevant, an impact assessment will be carried out as part of this review to ensure we consider all of our residents' needs.